

KHC Form TC-2 Rev. 2007 Page 1 of 6	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 2 – Description of Rehabilitation	KHC Project # _____ Date Received _____
---	---	--

Read all Instructions and Guidelines (*provided separately from this application*) carefully before completing this application. No certification will be made unless a completed application form has been received and appropriate fees paid. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the KY Department of Revenue. The decision by the KY Heritage Council with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence. Submit this completed application, along with a completed Part 1 Application, no later than **April 29** of the calendar year in which you want to receive a tax credit allocation. **NOTE:** If the federal tax credit is also being applied for, only the first page of this form is required to be completed and submitted with copies of the federal application.

1. Name of property: _____

Street: _____

City: _____ County: _____ State: **KY** Zip: _____

2. CATEGORY (*Check only one*)

<input type="checkbox"/> Owner Occupied residential property (primary residence; eligible for 30% KY Tax Credit)	<input type="checkbox"/> Commercial Property – Other (eligible for 20% KY Tax Credit)
--	---

Note: The total credit amount approved for a calendar year for all taxpayers is limited to \$3 million. If that limit is exceeded by approved projects, an apportionment formula will be applied to determine the credit amount awarded per project and will result in a reduction. Each taxpayer will be notified of the amount of the preliminary maximum credit approved by May 31 of the year following the submission of their application.

3. Data on building and rehabilitation project:		
Date building constructed:	Total number of housing units before rehabilitation:	Total number of housing units after rehabilitation:
Estimated cost of Materials:	Adjusted basis of structure: (<i>commercial property only</i>)	Square footage of area to be rehabbed:
Estimated Cost of Labor:	Estimated TOTAL Cost of Rehab:	Completion date (est.):

4. Project contact:

Name: _____

E-Mail Address: _____ Telephone Number: _____

5. Owner: - I hereby attest that the information I have provided is correct and that I own the property described in this application.

Name: _____ Organization: _____

Signature: _____ Date: _____

Social Security or Taxpayer Identification Number: _____

Street: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

The Kentucky Heritage Council has reviewed this application for the above named property and has determined:

	The rehabilitation as described meets the Standards for Rehabilitation . This approval is a preliminary determination. A formal certification of rehabilitation will be issued after the work is completed.
	The rehabilitation as proposed will meet the Standards for Rehabilitation only if the attached conditions are met.
	The rehabilitation as proposed does not meet Standards for Rehabilitation .

	Total Amount of Eligible Estimated Expenses Reported for this Project
	Total Amount of Eligible Estimated Expenses Reported for all Kentucky Projects in this year
Total Pre-Approved Maximum Credit Amount for this Project (to be claimed upon project completion)	

KY Heritage Council / State Historic Preservation Office Authorized Signature

Date _____

☐ **Attachments**

KHC Form TC-2 Rev. 2007 Page 2 of 6	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 2 – Description of Rehabilitation	KHC Project # _____ Date Received _____
---	---	--

Property Name: _____

Property Address: _____

6. DETAILED DESCRIPTION OF REHABILITATION/PRESERVATION WORK - Includes site work, new construction, alterations, etc. Photographs with this application must show conditions BEFORE rehabilitation and must be keyed to a floorplan.

Number 1. Architectural feature <u>WINDOWS</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 2. Architectural feature <u>EXTERIOR WALLS</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 3. Architectural feature <u>DOORS</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 4. Architectural feature <u>ROOF</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:

Property Name: _____

Property Address: _____

<p>Number 5. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 6. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 7. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 8. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

KHC Form TC-2 Rev. 2007 Page 4 of 6	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 2 – Description of Rehabilitation	KHC Project # _____ Date Received _____
---	---	--

Property Name: _____

Property Address: _____

Number 9. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 10. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 11. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 12. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:

KHC Form TC-2 Rev. 2007 Page 5 of 6	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 2 – Description of Rehabilitation	KHC Project # _____ Date Received _____
---	---	--

Property Name: _____

Property Address: _____

Number 13. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____ Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 14. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____ Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 15. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____ Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
Number 16. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____ Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:

COMMONWEALTH OF KENTUCKY
Kentucky Heritage Council
Kentucky Historic Preservation Tax Credit
Certification Application
Part 2 – Description of Rehabilitation

KHC Project #

Date Received

Page 6 of 6

Property Name: _____

Property Address: _____

<p>Number 17. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 18. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 19. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 20. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: _____</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>